


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # 419637 1. Entity Name GULF TO BAY LANDSCAPING CO.	
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Principal Place of Business 5000 COQUINA KEY DR SE ST. PETERSBURG, FL 33705	Mailing Address 5000 COQUINA KEY DR SE ST. PETERSBURG, FL 33705
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02032005 No Chg-P CR2E034 (10/03)

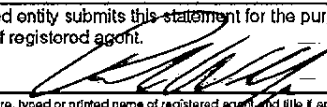
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1441246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAHAFFEY, MARK T 3700 POMFANO DRIVE SE ST PETERSBURG, FL 33705
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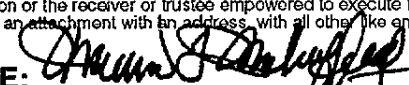
DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4-1-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHAFFEY, MARK T 5000 COQUINA KEY DR S E ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAFFEY, TOM, JR. 5000 COQUINA KEY DR S E ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAFFEY, JAMES W 5000 COQUINA KEY DR S E ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000285437 04/02/05-80045-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  MARK T. MAHAFFEY 4-1-05 727-823-4499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRES. <small>Date Daytime Phone #</small>
